

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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www.grimesiowa.gov

CITY OF
GRIMES



“Beginners” Indoor Soccer Clinic for 3-5 year olds

Program Description:

This program introduces the skills and rules needed to play soccer. Led by the Grimes Rec Staff, the participants move from station to station with their parents/guardian/older sibling working on the different skills of soccer. The Grimes Rec Clinic Leader warms the kids up and cools the kids down with fun lead-up games and drills. **Each child must have a “coaching” parent present that is willing to go to each station throughout the clinic.** Kids progress at his/her own pace. No shin guards are necessary.

Who: Boys and Girls Ages 3-5

Where: Grimes Community Complex at 410 SE Main St.

Dates: Session 1-Mondays, November 8th - November 29th FULL
Session 2-Tuesdays, January 4th - January 25th (4 times)
Session 3-Tuesdays, February 1st – February 22nd (4 times)

Time: Ages 3-4: 5:15pm – 6:00pm
Ages 4-5: 6:00pm – 6:45pm



Questions: Contact Brett Barber, Grimes Park & Rec Director at bbarber@ci.grimes.ia.us or at 986-2143.

Register: Register ONLINE, OR bring in registration to the Grimes Parks and Recreation Office, OR mail to Grimes Parks and Recreation 410 SE Main St. in Grimes.

Cost: \$20 per player per session

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2010-2011 “Beginners Indoor Soccer Clinic” Registration Form

PARTICIPANT’S NAME: _____ AGE: _____

PARENT/GUARDIAN’S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL (required): _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Please Circle- Session 2 OR Session 3

Ages 3-4: 5:15pm or Ages 4-5: 6:00pm

Cost is \$20 per player per session

Release and Indemnification Agreement:

I hereby request that you accept my child’s application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes